

Space is Limited!  
Return completed application no later than June 7th.

Open to All Students

**Dr. Lena Edwards**  
ACADEMIC CHARTER SCHOOL  
COMPASSION · DILLIGENCE · INTEGRITY · RESPECT · RESPONSIBILITY  
509 BRAMHALL AVENUE, JERSEY CITY, NEW JERSEY 07304, 201-433-5300

**Registration Form/ COMPLETE Direction Summer Bridge Session 2018**  
(July 9 – August 2)  
Monday - Thursday  
8am – 2pm

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parent/ Guardian Name (Last, First): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact Phone #: \_\_\_\_\_ Secondary Contact Phone #: \_\_\_\_\_

**In case of emergency please notify:**

Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**(PLEASE CHECK ONE)**

My Child: (  ) does/ (  ) does not have a known medical condition that would prohibit him/her from fully participating in this program.

If your child has any medical condition that requires special equipment, medication etc. please explain:  
\_\_\_\_\_

My child is allowed to walk home from the site at closing without adult supervision:

**(PLEASE CHECK ONE)**

YES  NO

Adult responsible for pick-up: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

**\*\*\*I am interested in receiving more information about Financial Aid through Urban League.\*\*\***

**(PLEASE CHECK ONE)**

YES  NO

*\*Please be aware that this is not a Summer School, therefore participation success in this Program will not aid toward advancement towards the next grade for a student who has failed a subject for the 2017-2018 school year.*

By signing my name below, I certify that I have read & understand the above information. My signature also certifies my understanding of, and agreement with school practices used to enforce the policies & procedures in place. By submitting this form, I attest that the information I have provided on the form is accurate and up to date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



STEVEN M. FULOP  
MAYOR OF JERSEY CITY

CITY OF JERSEY CITY  
DEPARTMENT OF RECREATION

CAVEN POINT COMPLEX | 1 CHAPEL AVENUE | JERSEY CITY, NJ 07305  
P: 201 547 5003 | P: 201 547 5593



ARTHUR J. WILLIAMS  
DIRECTOR

MAYOR STEVEN M. FULOP  
THE JERSEY CITY MUNICIPAL COUNCIL

&

THE DEPARTMENT OF RECREATION  
SUMMER FUN REGISTRATION FORM

Each section and this entire form must be read, completed and signed before the participant is allowed to take part in any recreational programs.

Name: \_\_\_\_\_ Male ( ) Female ( )

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_ Ward: \_\_\_\_\_

School/Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Soc. Sec # (Last 4 digits only): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of Household Members: \_\_\_\_\_ Permission to Post Pictures: Yes \_\_\_\_\_ No \_\_\_\_\_

Person to Notify in Case of Emergency: \_\_\_\_\_ Phone # \_\_\_\_\_

\*\*\*\*\*

The Department of Recreation is offering "Free Swim Lessons" as a part of the Summer Fun Program.

Please check for your child to participate: \_\_\_\_\_ YES \_\_\_\_\_ NO

As determined by my physician, I believe my child is in good physical condition and I as the parent of the above named child am not aware of any present or previous disease or injury that would result in being impaired during participation with the Jersey City Department of Recreation activity program designated above. I empower the staff to exercise reasonable care in the event of an emergency. I also give permission for my child to attend field trips and partake in photos/videos for recreational purpose only. I hereby agree to abide by the rules and regulations set forth by the Jersey City Department of Recreation. I also agree to hold harmless the City of Jersey City and the Jersey City Department of Recreation's employees and class instructors.

Initials: \_\_\_\_\_

**Summer Fun Camp**  
**Child Medical History and Information Form**

**Please Print**

Child's Full Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Please check illness your child has had

Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_ Hay Fever \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Mumps \_\_\_\_\_ Diabetes \_\_\_\_\_

Surgery/Accident/Illnesses/Chronic Health Problems \_\_\_\_\_

Describe any physical condition requiring special attention \_\_\_\_\_

Check those allergies staff should be aware of fill in below this section other required information that will assist in caring for your child until he/she receive proper medical attention.

Food (type) \_\_\_\_\_ Insect bites/stings \_\_\_\_\_  
Penicillin \_\_\_\_\_ Other Drugs \_\_\_\_\_

**Physician Healthcare**

**Professional** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_  
Group# \_\_\_\_\_

**Dentist Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Hospital of Choice** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Any intolerance to drugs, medication, sunscreen or food?**

This health record and information is correct as far as I know and my child, whose name appears above, has parental permission to participate in all Summer Fun Camp activities sponsored by the City of Jersey City Department of Recreation.

**If there are any Summer Fun Camp activities that I believe my child should be excluded from, I will attach a written statement to this form for the attention of the Camp Coordinator.**

Parent/Guardian \_\_\_\_\_  
Print Full Name

Parent/Guardian \_\_\_\_\_  
Full Signature